

**IMMACULATA UNIVERSITY RESEARCH ETHICS REVIEW BOARD
REQUEST FOR PROTOCOL REVIEW--APPLICATION CHECK LIST
(R1297)**

Use this form to assist you in preparing your Request for Protocol Review. It is not part of Request for Protocol Review so do not submit it with your completed request.

TYPE OR USE A WORD PROCESSOR TO COMPLETE FORMS

Cover Sheet

- Name of the researcher, home department, and school
- Full title of the project
- Date submitted to the RERB.
- Appropriate research category checked.
- Proposed starting date and ending date.
- Study location designated.
- Funding agency cited if applicable.
- Researchers signature
- Signature of faculty advisor if student project.
- Name of faculty advisor for student project

Reviewer's Comments Form

- Fill in name of researcher and project title.

Protocol Description Pages

- Justification for the use of minors and/or other special populations
- Clear description of the experimental procedures and design
- Assurances of maintaining data confidentiality
- Consideration of subject and/or societal benefits
- Considerations of risk, discomfort, inconvenience, or physical danger to the subjects [both short-term and long-term risks]

Attachments

- Copies of all consent forms on Immaculata University letterhead.
- Copies of all questionnaires and, where applicable, data forms to be used by the researchers.
- Letters of Permission to use off-campus sites.
- Letters of Agreement of participation from off-campus co-investigators.

Submit three (3) copies of Request for Protocol Review to:

Dr. Thomas F. O'Brien, Chair
Immaculata University – Research Ethics Review Board
Room 1 Loyola Hall or
Mail Box in Graduate Division Office

**YOU MAY NOT COMMENCE YOUR RESEARCH UNTIL IT IS APPROVED
BY THE IU-RERB**

**NOTE: DO NOT SUBMIT THIS PAGE.
THIS PAGE IS FOR YOUR ASSISTANCE ONLY AND IS NOT PART OF YOUR
REQUEST FOR PROTOCOL REVIEW.**